



EDA-117 Multiple Location Schedule

(attach to EDA-98)

Account ID: _____ - _____

Audit period you are filing the claim on: _____/_____/_____ through _____/_____/_____

Location code: _____ Tax or fee _____

Site name: _____

Address: _____

Location code: _____ Tax or fee _____

Site name: _____

Address: _____

Location code: _____ Tax or fee _____

Site name: _____

Address: _____

Location code: _____ Tax or fee _____

Site name: _____

Address: _____

Location code: _____ Tax or fee _____

Site name: _____

Address: _____

Location code: _____ Tax or fee _____

Site name: _____

Address: _____

Location code: _____ Tax or fee _____

Site name: _____

Address: _____

Completed by _____ Date ____/____/____ Page ____ of ____

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.